Sexual Activity

The Youth Risk Behavior Survey includes questions on past sexual intercourse, number of sexual partners, age at first intercourse, alcohol and drug use, contraceptive use, history of pregnancy, and HIV/AIDS education.

Overall Trends

Reported levels of sexual activity among Lancaster County teens declined from 1991 to 1999. There was a steady decline in general indicators of sexual activity over the five biannual survey years (Figure 1).

In 1999, 36.2% of teens reported ever having had sexual intercourse. This represents a substantial decline over the period since 1991, when 51.6% of teens reported having had sex.

The percentage of teens who reported having had more than one sexual partner or sex in the past three months also decreased from 1991 to 1999. In 1999, 19.2% reported having had more than one sexual partner and 23.3% reported sex within the past three months.

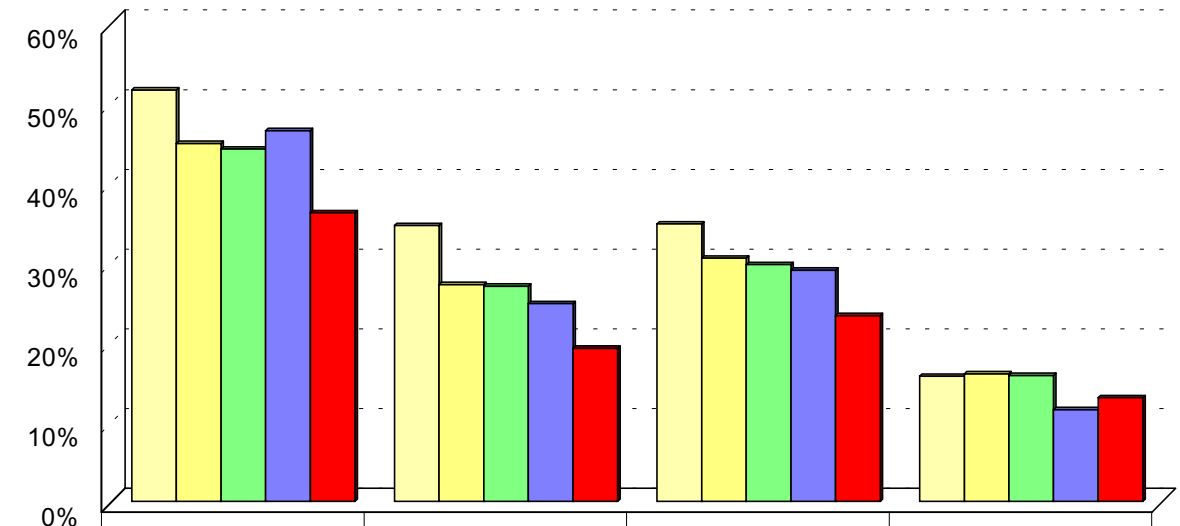
The percentage of teens reporting that they first had sex at age 12 or younger did not decline significantly overall during the period.

These selected declines in reported sexual activity, 1991-1999, occurred not only in the entire YRBS sample but also among respondents of different grades, among males as well as females, and white and non-white teens. See the following pages for detail.

The local decline was also consistent with reports of declining teen sexual activity elsewhere. YRBS results for Nebraska (1993-1997)[1] and the U.S. (1991-1999)[2] indicated declines in these sexual behaviors.

1 Tables published by Buffalo Beach Company, Lincoln, NE
2 Centers for Disease Control and Prevention: Youth Risk Behavior Trends Fact Sheet, <http://www.cdc.gov/nccdphp/dash/yrbs/trend.htm>; *MMWR* Surveillance Summaries 1999, 1997, 1995, 1993.

Figure 1: Sexual Activity
High School Students*



	Ever Had Intercourse	Had More Than One Sex Partner	Had Sex in Past 3 Months	First Sex at Age 12 or Younger**
1991	51.6%	34.6%	34.8%	15.7%
1993	44.9%	27.2%	30.5%	16%
1995	44.2%	27%	29.7%	15.8%
1997	46.5%	24.8%	29%	11.5%
1999	36.2%	19.2%	23.3%	13%

* Grade-adjusted

** Students Who Reported Having Had Sex

Sexual Activity

Sexually Active Students, Substance Use, and Contraception

In addition to declines in reported sexual activity among all respondents, there were reductions in reported sexual activity *among teens who have had sex.* Alcohol and drug use continue to be a major influence on youth sexual activity in Lancaster County. Reported contraceptive use showed little improvement from 1991 to 1999 (Figs. 2 - 4).

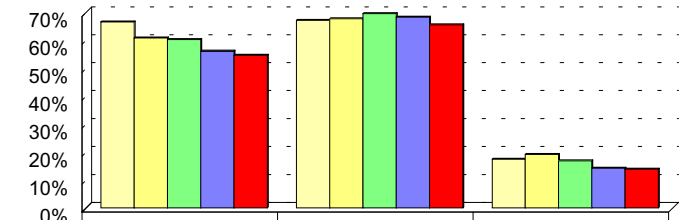
The percentage of teens (who have had sex) reporting that they have had more than one sex partner decreased from 66.5% in 1991 to 54.6% in 1999 **(Fig. 2)**. There was little change, however, in the percentage reporting sex within the past three months or more than one sexual partner within the past three months.

Unlike indicators of sexual activity cited thus far, reports of alcohol and drug use did not decline over the 1991-1999 period **(Fig. 3)**. The percentage of teens (who have had sex) reporting alcohol and drug use prior to their last sexual encounter was higher in 1999 (28.9%) than it had been over the previous four survey years.

The percentage of teens (who have had sex) reporting use of a condom at last intercourse was higher overall in 1999 (62.3%) than in 1991 (54.9%) **(Fig. 4)**. However, the improvement was not statistically significant and no gains were evident since 1993.

Figure 2: Sexual Activity*

High School Students Who Reported Having Had Sex

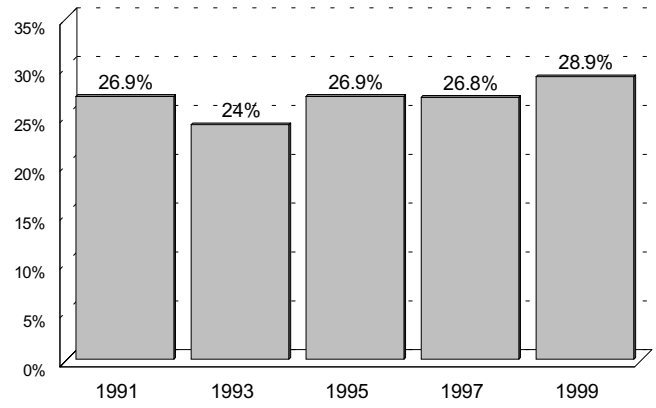


	Had > 1 Sex Partner	Had Sex in Past 3 Mos.	> 1 Partner Past 3 Mos.
1991	66.5%	67%	17.4%
1993	60.8%	67.6%	19.1%
1995	60.2%	69.5%	16.8%
1997	56%	68.2%	14.2%
1999	54.6%	65.4%	13.8%

* Grade-adjusted

Figure 3: Alcohol or Drug Use Prior to Last Sexual Intercourse*

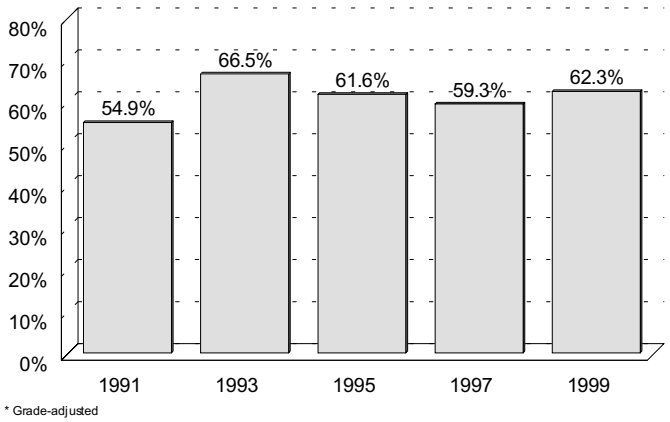
High School Students Who Reported Having Had Sex



* Grade-adjusted

Figure 4: Condom Use During Last Sexual Intercourse*

High School Students Who Reported Having Had Sex



* Grade-adjusted

Sexual Activity

Contraception, Pregnancy History, and HIV/AIDS Education

During the 1990s, the proportion of teens reporting that they did not use any form of birth control remained at about one-fifth of sexually active students. Reported history of pregnancy among sexually active teens did not change significantly. Reports of having received HIV/AIDS education in school increased.

In addition to asking specifically about condom usage, the YRBS inquired about pregnancy prevention methods used during last sexual intercourse **(Fig. 5)**.

Condoms and the pill have been the most commonly reported methods of birth control. In 1999, over one-fifth of teens who reported having had sex indicated that they depended on withdrawal or used no method of birth control during their last sexual intercourse.

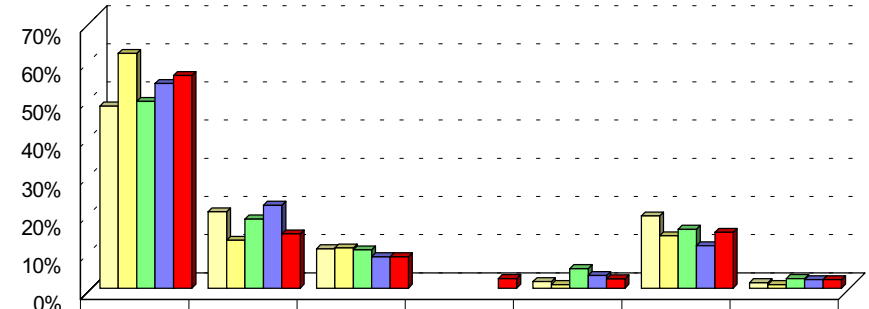
Reported history of pregnancy among sexually active teens did not change significantly from 1991 to 1999 **(Fig 6).**

Among 1999 YRBS respondents who reported having had sex, 8.8% reported having been pregnant or gotten someone pregnant.

Reported HIV/AIDS education in the schools increased somewhat over the 1991-1999 period **(Fig 7).** In 1999, 89.4% of teens reported that they had been taught about AIDS/HIV in their school. This is lower than the 95.6% of teens who reported receiving this education in 1997 but is still higher than percentages reported in previous years, particularly in 1991 (80.1%).

Figure 5: Contraception Method Used During Last Sexual Intercourse*

High School Students Who Reported Having Had Sex



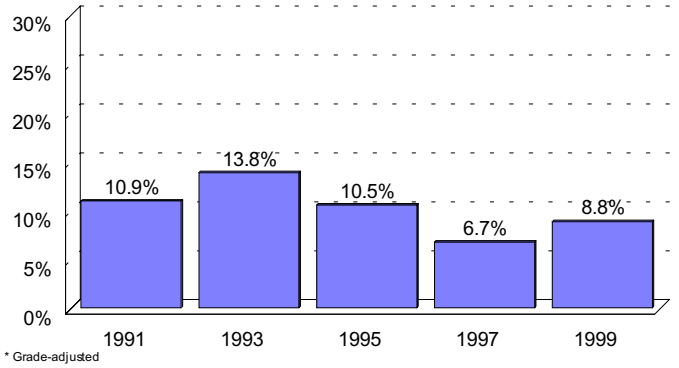
	Condom	Pill	With-drawal	Depo-Provera**	Other	No Method	Not Sure
1991	47.7%	20%	10.3%		1.7%	18.9%	1.4%
1993	61.5%	12.5%	10.5%		0.9%	13.7%	0.9%
1995	48.9%	18.1%	10%		5.1%	15.4%	2.5%
1997	53.6%	21.7%	8.2%		3.3%	11.1%	2.2%
1999	55.7%	14.2%	8.2%	2.5%	2.4%	14.6%	2.2%

* Grade-adjusted

** New response option in 1999

Figure 6: Have Been Pregnant or Gotten Someone Pregnant*

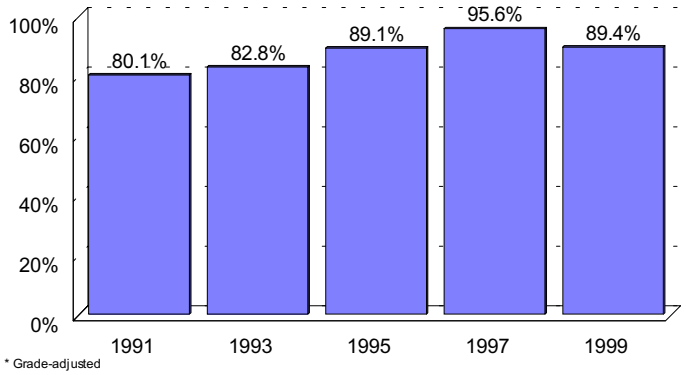
High School Students Who Reported Having Had Sex



* Grade-adjusted

Figure 7: Had AIDS/HIV Education in School

High School Students*



* Grade-adjusted

Sexual Activity

Differences by Gender

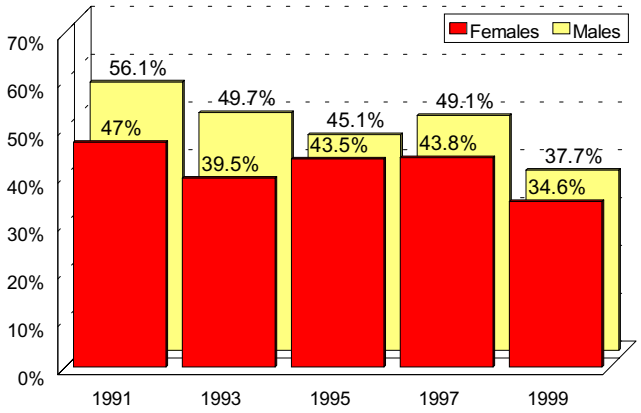
During the 1990s, male teens tended to report more sexual activity than did female teens. From 1991 to 1999, reported sexual activity declined for both sexes, and gender differences decreased. Males and females were similarly likely to report alcohol or drug use prior to sex, and condom use.

Males were more likely than females to report having ever had sex **(Fig. 8)** and having had more than one sexual partner **(Fig. 9)**. On both of these indicators, the difference between males and females decreased over the 1991-1999 period and in 1999 were no longer statistically significant.

Although males tended to report higher rates of condom use during the early 1990s, this gender gap narrowed such that, in 1997 and 1999, males and females were equally likely to report that they used a condom during their last sexual intercourse **(Fig. 10)**.

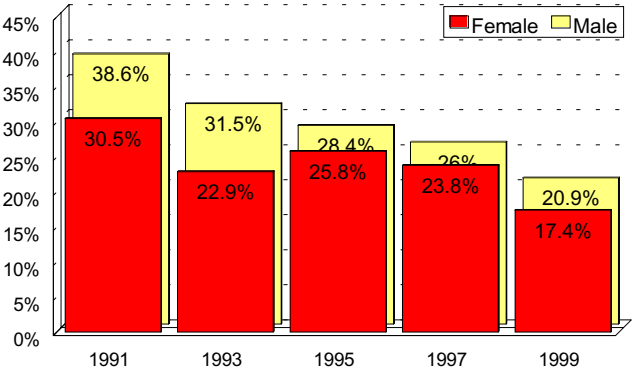
Males and females have been similarly likely to report that they used alcohol or drugs prior to their last sexual intercourse **(Fig. 11)**. There was no statistically significant change in this indicator from 1991 to 1999 among either males or females.

Figure 8: Sexual Activity*
High School Students Who Have Ever Had Sexual Intercourse



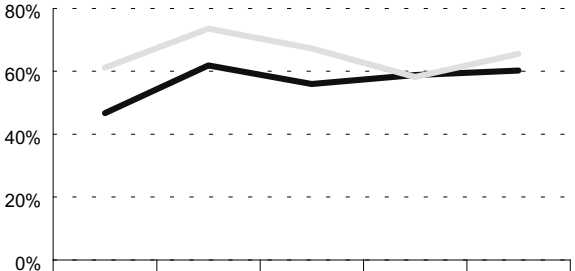
* Grade-adjusted

Figure 9: Have Had More Than One Sex Partner*
High School Students



* Grade-adjusted

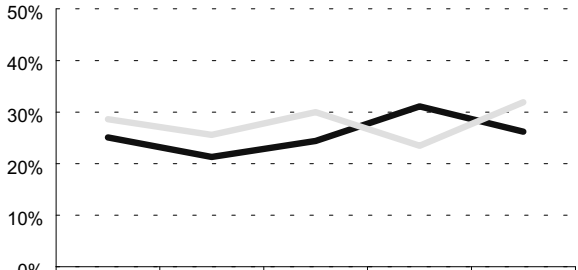
Figure 10: Used Condom at Last Sexual Intercourse*
High School Students Who Reported Having Had Sex



	1991	1993	1995	1997	1999
Males	61.1%	73.5%	67.2%	58.2%	65.5%
Females	46.7%	61.8%	55.9%	58.8%	60.2%

* Grade-adjusted

Figure 11: Alcohol or Drug Use Prior to Last Sexual Intercourse*
High School Students Who Reported Having Had Sex



	1991	1993	1995	1997	1999
Males	28.6%	25.6%	30%	23.5%	31.9%
Females	25.1%	21.3%	24.4%	31.1%	26.2%

* Grade-adjusted

Sexual Activity

Differences by Grade

Teens in older grades were more likely than teens in younger grades to report sexual activity. However, reported sexual activity declined in all high school grades from 1991 to 1999.

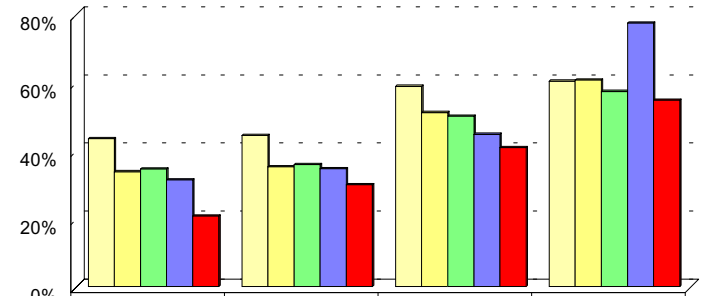
From 1991 to 1999, the percentage of teens reporting they ever had sexual intercourse declined among 9th, 10th, and 11th graders (statistically significant declines) **(Fig. 12)**. The largest decline in reported sexual activity was seen among 9th graders, from 43.4% in 1991 to 20.7% in 1999.

The percentage of teens who reported having had more than one sexual partner during their lifetimes also decreased in three of the four grades from 1991 to 1999 **(Fig. 13)**. The steadiest downward trend was seen among 9th graders. In 1991, 27.3% of 9th graders reported having had more than one sexual partner during their lifetimes. By 1999 this percentage declined to 10.8%.

The percentage of teens who reported recent sexual activity (within the previous 3 months) increases sharply with grade level **(Fig. 14)**. Reports of recent sexual activity declined among 9th and 11th graders (statistically significant declines). Although 9th grade teens had the steadiest downward trend, the largest decline occurred among 11th graders, from 39.7% in 1991 to 24.5% in 1999.

Figure 12: Sexual Activity By Grade

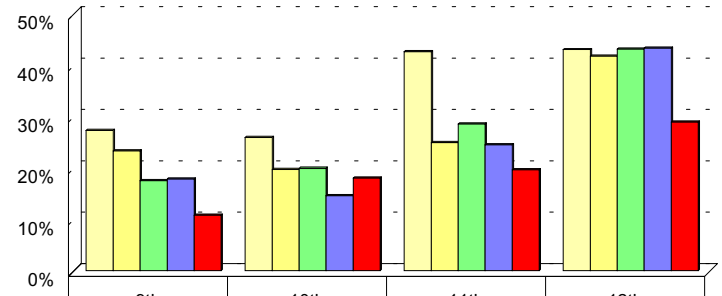
High School Students Who Reported Having Had Sex



	9th	10th	11th	12th
1991	43.4%	44.4%	58.8%	60.3%
1993	33.7%	35.2%	51.1%	60.6%
1995	34.5%	35.8%	50%	57.3%
1997	31.3%	34.6%	44.7%	77.4%
1999	20.7%	29.9%	40.8%	54.7%

Figure 13: Sexual Activity By Grade

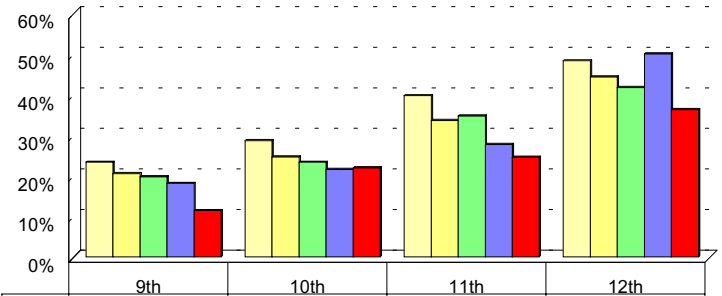
High School Students Who Reported Having Had More Than One Sexual Partner During Their Lifetime



	9th	10th	11th	12th
1991	27.3%	25.9%	42.6%	43%
1993	23.3%	19.7%	24.9%	41.7%
1995	17.5%	19.9%	28.5%	43.1%
1997	17.8%	14.6%	24.5%	43.3%
1999	10.8%	18%	19.6%	28.9%

Figure 14: Sexual Activity By Grade

High School Students Who Reported Having Had Sex in the Past 3 Months



	9th	10th	11th	12th
1991	23.3%	28.6%	39.7%	48.3%
1993	20.5%	24.6%	33.6%	44.3%
1995	19.7%	23.3%	34.7%	41.7%
1997	18.1%	21.5%	27.7%	50%
1999	11.4%	21.9%	24.5%	36.3%

Sexual Activity

Differences by Race

There was little difference between white and non-white teens in indicators of sexual activity. The overall declines in reported sexual activity among all YRBS respondents were also apparent among both white and non-white teens.

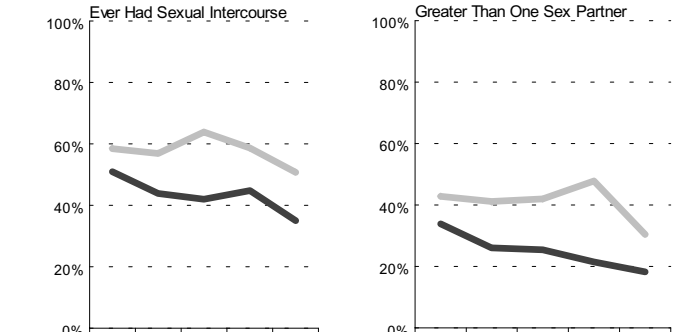
YRBS sample sizes for major race/ethnic groups (Black, Hispanic, American Indian or Asian) were not large enough to reliably compare these groups or examine trends over time. However, selected comparisons were feasible between white teens and those who may be classified as "non-white" -- of minority race or Hispanic ethnicity.

There were few noticeable differences between white and non-white teens in indicators of sexual activity. Statistically significant differences were found only in the percentage of teens reporting that they have had more than one sexual partner. Non-white teens were more likely to report this behavior **(Fig. 15)**.

Overall declines in sexual activity indicators among all YRBS respondents **(Fig. 1)** were also visually apparent among both white and non-white teens. Examples include reports of having ever had sex, have had more than one sexual partner, and being currently sexually active **(Figs. 15 and 16)**. However, only declines among white teens were statistically significant, probably due to the sample size for non-white teens.

As with respondents as a whole **(Fig. 4)**, reports of condom use at last sexual intercourse did not significantly increase for white or non-white teens **(Fig. 17)**.

Figure 15: Sexual Activity*
High School Students

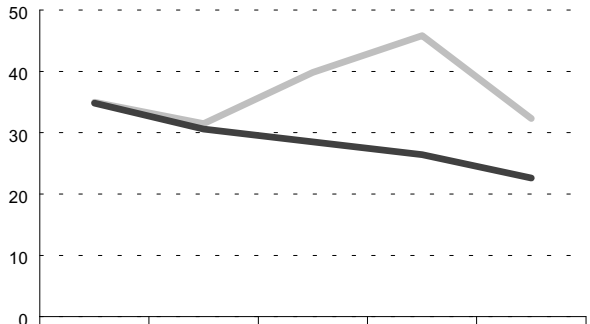


	1991	1993	1995	1997	1999
White	51%	43.9%	42%	44.8%	35%
Non-White	58.5%	56.9%	63.9%	58.7%	50.8%

	1991	1993	1995	1997	1999
White	33.8%	26%	25.4%	21.4%	18.2%
Non-White	42.8%	41.1%	42%	47.8%	30.4%

*Grade Adjusted

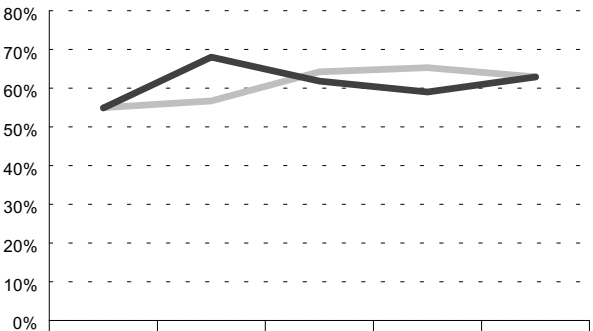
Figure 16: Currently Sexually Active*
High School Students, Reported Having Had Sex in the Past Three Months



	1991	1993	1995	1997	1999
White	34.8	30.6	28.5	26.4	22.6
Non-White	35	31.5	39.8	45.8	32.3

*Grade Adjusted

Figure 17: Condom Use at Last Sexual Intercourse*
High School Students Reporting That They Have Ever Had Sex



	1991	1993	1995	1997	1999
White	54.9%	68%	61.8%	59%	62.9%
Non-White	55%	56.7%	64.2%	65.3%	62.9%

*Grade Adjusted

Sexual Activity

Health Objectives for the Year 2010: *Build a community in which healthy sexual relationships, free of infection as well as coercion and unintended pregnancy, are the norm.*

Public Health Discussion

While statistics show positive trends in teen sexual activities in Lincoln-Lancaster County, teenage sexuality remains a primary public health concern. Sexual activity consistently shows the highest rates of connectivity to other youth risk behaviors.

Effectively addressing teenage sexuality within the community continues to be controversial. Personal opinions of some adults limit access of factual information from individuals, advocates and agencies capable of providing education in preventing unplanned pregnancies among teenage females to high risk youth.

All adolescents need education that teaches them the interpersonal skills they will need to withstand pressure to have sex until they are ready and that includes up-to-date information about methods to prevent pregnancy and STD's. More important, they need to receive this education before they become sexually active.

Factors contributing to the decrease of 9th to 12 grade students reporting sexual intercourse during the past 12 months are most likely multiple. Consequences of teen sexual activity (pregnancy, sexually transmitted diseases, HIV) may be better understood by informed and educated students. Abstinence education has increased. More agencies and organizations are collaborating to address sexual activity. School Health Education has helped schools interact with community health services. More parents may be talking to their youth about risky behaviors. About the survey itself, both schools and students were given opportunity to be included or excluded from the study. High risk youth may not have been included.

Studies show girls born to teenage mothers are up to 83% more likely to become teenage mothers themselves. Teenage sons born to adolescent mothers have an incarceration rate approximately 2.7 times that of teenagers born to more mature mothers. The study also notes that 70% of teenage mothers end up dropping out of school, and are twice as likely to be dependent upon social service assistance.

"Adult family members must find teachable moments in everyday activities to openly communicate thoughts on responsible personal decision-making with their children."

Julie Anderson, Associate Director
Young Family's Program
Lincoln Medical Education Foundation

Policy makers, communities, families and individuals can take steps to prevent the early onset of teen sexual activity and the personal and social cost of teen pregnancy and sexually transmitted diseases.

Education and knowledge, however, are not enough on their own. Adolescents need strong reinforcement from parents, schools, media, and other sources about the importance of making conscious, informed, responsible decisions regarding whether or not to have intercourse.

CHARACTER COUNTS!℠

Parental Roles and Responsibilities:

Many parents are uncomfortable in discussing sexuality. According to a 1997 survey, most parents of 8-12 year olds today do not talk enough about such important topics as relationships and becoming sexually active, violence, AIDS, alcohol and drugs.

Parents are encouraged to talk to their children about sexuality and the realities of pregnancy and parenting. If a parent doesn't provide answers for a child's questions, someone else will, and others may not give the type of responses parents want their child to hear. In return, parents must be willing to listen to what their child is saying to them.

A 1997 national survey by the Kaiser Family Foundation and Children Now reported "when it comes to key issues such as handling pressure to have sex, becoming sexually active, and preventing pregnancy, most parents of 8-12 year olds report they have not yet had these conversations with their children."[1]

Youth who are sexually active need to know the necessity of consistent, correct condom use to prevent themselves and their partners against STD's and HIV and about the use of effective contraception to prevent unintended pregnancy. Teenage pregnancies continue to have a profound negative impact on this and future generations. Social and economic effects of teenage pregnancies and parenting challenge not only the individual but also the social service system.

Keep an open mind toward sex education. Select individuals and groups can become road blocks for those most in need by imposing personal value judgements. Negative publicity limits recruiting both human and financial resources, often necessary to reach these select audiences.

Adults can encourage adolescent sexual health by providing accurate information about sexuality, fostering responsible decision making skills, offering support and guidance in exploring and affirming personal values, and modeling healthy sexual attitudes and behaviors.

Parents should seek help from agencies and groups where the topic is openly discussed, and where parents feel comfortable with the approach (churches, schools, mental health, hospitals, and physician offices).

Community Roles and Repsonsibilities:

Communities can have a vital role in the sexual activity of children and youth. Youth who perceive that the community values and sees them as a resource have higher self-esteem. Community begins with neighborhood and school boundaries, where each takes responsibility for monitoring young people's behavior, and provides role modeling of responsible behaviors.

This is a plea for family, school, business and community interaction with youth. A young person's intentions are not to participate in risky behaviors. However, as youth mature, natural erosion of their personal commitments occur. Many nurturing activities are actively in place within the Lincoln-Lancaster County community. By working together, the community can strengthen our youth, one child at a time.

Research suggests that concentrating on four specific prevention strategies with youth at the 7th and 8th grade levels will decrease young people's chances of being involved in risky behaviors. These strategies include:

1. Developing the belief that risky behaviors are not normal or acceptable by the adolescent's peer group,
2. Cultivating the belief that risky behaviors do not fit with the adolescent's personal ideals and future aspirations,
3. Creating voluntary, personal and public commitments to not participate in risky behaviors, and
4. Strengthening relationships between the

adolescents and positive friendship groups and social institutions.

The ALL STARS program, a nationally awarded program to prevent alcohol and drug use, violence, and premature sexual activity among youth ages 10 to 15 is an example of a school classroom or community-based effort that implements these 4 strategies.

Search Institute in Minneapolis, MN suggests communities adopt a "40 assets" philosophy that values children. Search researchers identified a set of 40 building blocks, called assets, that all young people need for developing healthy lifestyles, caring attitudes and responsible behaviors. The program challenges communities to tap the caring, creative energy of families, neighborhoods, schools, congregations, workplace, youth organizations and groups of people. Thus begins the work of transforming communities into a united, healthy environment committed to youth. The more of these assets a young person has, the less likely he or she is to engage in high-risk behaviors such as drinking, violence or early sexual activity. Likewise, young people who experience a significant number of assets are more likely to grow up to be caring, competent and responsible.

Assets are identified as both internal and external. Internal assets include a youth's commitment to learning, positive values, social competences and positive identity. External assets are the nurturing roles of family, businesses and education that give a youth support, empowerment, boundaries and expectations, and constructive use of time.

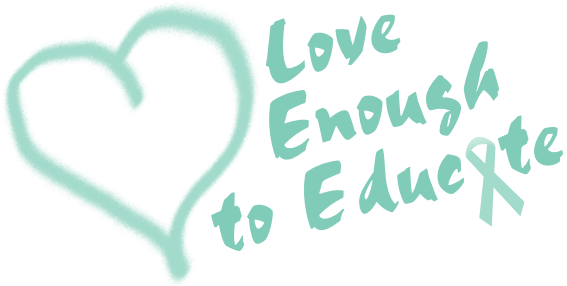
Public education campaigns by groups such as the Teen Pregnancy Prevention Coalition have been effective in raising awareness to the problem. Programs like Unequal Partners, Abstinence Education, and Male Responsibility are offered for expanding one's ability to communicate safe sexual lifestyle messages to youth.

Collaborative steps by policy makers, communities, and individuals in building positive self concepts of youth can help prevent early onset of teen sexual activity and the associated ramifications of teen pregnancy, and STD's (including HIV/AIDS).

Programs that focus on male sexual responsibility and respect for female partners can be effective in reducing unwanted teen pregnancies. Inaccurate, incomplete or no sexual education is commonplace among many boys. Programs that remove the sexual hype portrayed by media, peer pressure and street talk can improve the self concept of boys and result in healthy lifestyle behaviors. A 1999 Study of 158 eighth grade males who participated in a male responsibility training program called "Wise Guys," found that students who participated in the program delayed initiation of sexual intercourse at a much greater rate than nonparticipants. While 3% of participants reported sexual activity in the past year, 17% of the non-participating boys became sexually active during the past year.

Support age appropriate services/programs for youth, such as Safe Nights, Safe Communities, Character Counts, Teammates, All STARS, and 40 Assets.

Encourage adolescents to avoid high risk behaviors by providing healthy alternative opportunities for personal growth and development. Adults can include youth in their own volunteer activities to bring connectedness to youth and community.



Policy Makers' Roles and Responsibilities:

Currently, Nebraska has no state laws and regulations requiring sexuality education, requiring HIV/STD education or requiring contraception education.

Thirty three states and the District of Columbia require schools to teach HIV/STD prevention education. Currently, 19 states and the District of Columbia require schools to teach sexuality education. Only 13 states and the District of Columbia require classes that offer sex education to provide students with information on contraception. Parents have the right to excuse their child from attending sexuality and HIV/STD prevention classes in 33 states. Twenty six require a written request from parent or guardian to be excused. Four states require written parental permission before a student can attend a class on sexuality.[1]

A recent study conducted by the National Campaign to Prevent Teen Pregnancy found that 95% of Americans believe teens should be encouraged to practice abstinence. In addition, another study conducted by Advocates for Youth and Sexuality Information and Education Council of the United States found that more than 80% of adults surveyed believe young people should be given information on contraception, HIV and STD's, as well as abstinence.[2]

One approach states have taken to reduce teenage pregnancy and the spread of diseases is to require schools to offer comprehensive sexuality courses, which teach students about abstinence as well as pregnancy, disease prevention and contraceptives. The Center for Disease Control and Prevention suggests that courses be age-appropriate and all information be scientifically accurate.

Requiring age appropriate comprehensive sexuality education that emphasizes abstinence and provides information on reproductive health, disease and contraceptives can encourage the postponement of sexual activity by helping students better understand sex and its consequences. Students who then choose to become sexually active, advocates say, should have the necessary information to make healthy, responsible decisions, choices beneficial to their health and their goals.

References:

1. Lincoln-Lancaster County Health Department. "Healthy People 2010: Health Objectives for the Year 2010 for Lincoln and Lancaster County Nebraska." January 2000.

2. U.S. Department of Health and Human Services, Office of Public Health Science. "Healthy People 2010 Objectives: Draft for Public Health Comment." September 1998